

Department of Public Health & Social Services
 Division of Public Welfare - Bureau of Management Support

WORK PROGRAMS SECTION



**123 Chalan Kareta
 Mangilao, GU 96913-6304
 Telephone: 735-7256
 Fax: 735-7165
 Location: 130 University Drive
 Castle Mall Unit 15
 Mangilao, Guam 96913**

ATTENDANCE CALENDAR

REPORT MONTH / YEAR:

START TIME:

END TIME:

DATE	NUMBER OF HOURS WORKED	COMMENTS HOLIDAYS/REASONS FOR ABSENCES
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
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15		
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21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		

PARTICIPANT'S NAME:

CASE NUMBER:

CONTACT NUMBERS: (HOME / CELL / WORK / OTHER)

DEPARTMENT / AGENCY / COMPANY / SCHOOL:

I CERTIFY THAT THE HOURS REPORTED ON THIS ATTENDANCE CALENDAR ARE TRUE AND CORRECT.

SUPERVISOR / INSTRUCTOR SIGNATURE DATE

CONTACT NUMBER:
(SUPERVISOR / INSTRUCTOR)

PARTICIPANT SIGNATURE DATE

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